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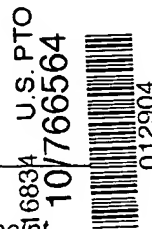
INTELLECTUAL PROPERTY LAW

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29 January 2004

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### Mail Stop : Patent Application

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sir:

Attorney Docket: P57001

Submitted herewith is the following patent application:

**Inventor:** 1) TAE-SUNG KIM

**Title:** NOVEL CONDUCTIVE ELEMENTS FOR THIN FILM  
TRANSISTORS USED IN A FLAT PANEL DISPLAY

Please find attached hereto an application for patent which includes: Specification and Abstract, Claims, formal drawings, original Declaration and Power of Attorney, Assignment, Information Disclosure Statement and certified copy of foreign priority document identified below:

Verified Showing of Small Entity Status: NO  
Drawings: Formal drawings, 8 sheets, Figures 1 through 8  
Claim of priority under 35 U.S.C. §119: YES  
\*\* The Republic of Korean Application No. 2003-15356 filed on 12 March 2003; and  
\*\* The Republic of Korean Application No. 2003-63583 filed on 15 September 2003.

**FEE (see formula below): CHECKS ARE ENCLOSED (#45219 & #45220)**

**Basic Fee \$385/770 ..... \$770.00**

#### **Additional Fees:**

Total number of claims in excess of 20: 5 times \$9/18 ..... **\$90.00**

Number of independent claims in excess of 3:     times \$43/86 ..... **\$0.00**

Multiple Dependent Claims \$145/290 ..... **\$0.00**

An Assignment is likewise enclosed: Recording Fee, \$40 ..... **\$40.00**

Filing Non-English specification ..... **\$0.00**

**TOTAL FEES FOR THE ABOVE APPLICATION ..... \$900.00**

**Inventor:** 1) TAE-SUNG KIM

**Title:** NOVEL CONDUCTIVE ELEMENTS FOR THIN FILM  
TRANSISTORS USED IN A FLAT PANEL DISPLAY


Assistant Commissioner is authorized to charge our Deposit Account No. 02-4943 for any additional charges necessary towards payment of the filing fee for the above-referenced application. Please notify the undersigned attorney of any transaction regarding our Deposit Account.

In view of the above, it is requested that this application be accorded a filing date pursuant to 37 CFR 1.53(b).

Please address all correspondence to:

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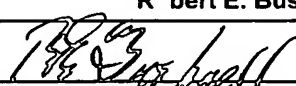
Respectfully submitted,

  
\_\_\_\_\_  
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REB/rfc

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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="margin: 5px 0;">Patent fees are subject to annual revision.</p>   |  | <b>Complete If Known</b>  |                    |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|---|--|---|--------------------|--|--|-----------------|--------------|--------------------|--------------------|-----------------|-----------------------------------|----------|----------|----------|----------|--------------------------|--|--|-------|--------------------|-----------|--------------------------|---|----------|---------------------------|-------------------|------|------|-------|------|-------|--|----|--------------|-----|--------------|------|--------------------|--|----------|----------|----------|----------|------------------------|--------|---|----|-----------------------------------|--|------|--------------------|------|--|------------------------|------|------|-----|------|-----|---|----|------|----|------|------|--|--|------|------|------|-------|--|-----|---|----|------|--|-------|-------------------|-------|--|----|------|--|-----|------|-----|------------------|----|------|--|-----|------|-----|--|----|------|--|-----|------|-----|--------------------------|----|------|--|-------|------|-------|---|----|------|--|-----|------|----|----------------------------------|----|------|--|-------|------|-----|------------------------------------|----|------|--|-------|------|-----|--------------------------------|----|------|--|-----|------|-----|------------------|----|------|--|-----|------|-----|-----------------|----|------|--|-----|------|-----|-------------------------------|----|------|--|----|------|----|---|----|------|--|-----|------|-----|--|----|------|--|----|------|----|--|----------|------|--|-----|------|-----|---|----|------|--|-----|------|-----|--|----|------|--|-----|------|-----|---|----|------------------------------|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|--|---------------------|-----------------|
|   |  | Application Number  |                    | to be assigned   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|   |  | Filing Date   |                    | 29 January 2004  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|   |  | First Named Inventor  |                    | TAE-SUNG KIM   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|   |  | Examiner Name   |                    | to be assigned   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|   |  | Group/Art Unit  |                    | to be assigned   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| TOTAL AMOUNT OF PAYMENT   |  | (\$) <b>900.00</b>  |                    | Attorney Docket No. P57001   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>METHOD OF PAYMENT (check one)</b>  |  |   |                    | <b>FEE CALCULATION (continued)</b>   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>1. <input type="checkbox"/></b> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  |  |   |                    | <b>3. ADDITIONAL FEES</b>  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Deposit Account Number: <b>02-4943</b><br>Deposit Account Number: _____   |  |   |                    | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td colspan="4">Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="4">Applicant claims small entity status. See 37 CFR 1.27</td> <td></td> </tr> </tbody> </table> |  | Large Entity    |              | Small Entity       |                    | Fee Description | Fee Paid                          | Fee Code | Fee (\$) | Fee Code | Fee (\$) | <input type="checkbox"/> | Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17. |  |       |                    |           | <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27 |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Large Entity  |  | Small Entity  |                    | Fee Description  | Fee Paid   |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Fee Code  | Fee (\$)   | Fee Code  | Fee (\$)           |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <input type="checkbox"/>  | Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17. |   |                    |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27              |   |                    |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>2. <input type="checkbox"/> Payment Enclosed:</b><br><b>(CHECK #45219 &amp; #45220)</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |  |   |                    |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>FEE CALCULATION</b>  |  |   |                    |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>\$ 770.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;">(\$)<b>770.00</b></td> </tr> </tbody> </table>  |  |   |                    |  |  | Large Entity    |              | Small Entity       |                    | Fee Description | Fee Paid                          | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001                     | 770  | 2001   | 385   | Utility filing fee | \$ 770.00 | 1002                     | 340   | 2002     | 170                       | Design filing fee | \$   | 1003 | 530   | 2003 | 265   | Plant filing fee                       | \$ | 1004         | 770 | 2004         | 385  | Reissue filing fee | \$   | 1005     | 160      | 2005     | 80       | Provisional filing fee | \$     | <b>SUBTOTAL (1)</b>                                 |    |                                   |  |      | (\$) <b>770.00</b> |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Large Entity  |  | Small Entity  |                    | Fee Description  | Fee Paid   |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Fee Code  | Fee (\$)   | Fee Code  | Fee (\$)           |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1001  | 770  | 2001  | 385                | Utility filing fee   | \$ 770.00  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1002  | 340  | 2002  | 170                | Design filing fee  | \$   |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1003  | 530  | 2003  | 265                | Plant filing fee   | \$   |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1004  | 770  | 2004  | 385                | Reissue filing fee   | \$   |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1005  | 160  | 2005  | 80                 | Provisional filing fee   | \$   |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>SUBTOTAL (1)</b>   |  |   |                    |  | (\$) <b>770.00</b>   |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Total claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>25</td> <td>3</td> <td></td> <td>-20** = 5</td> <td>x 18.00 =</td> <td>90.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>-3** = 0</td> <td>x 86.00 =</td> <td>0.00</td> </tr> <tr> <td colspan="6"></td> <td style="text-align: right;">=</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue Independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$)<b>90.00</b></td> </tr> </tbody> </table>   |  |   |                    |  |  |                 | Total claims | Independent Claims | Multiple Dependent | Extra Claims    | Fee from below                    | Fee Paid |          | 25       | 3        |                          | -20** = 5  | x 18.00 =  | 90.00 |                    |           |                          |   | -3** = 0 | x 86.00 =                 | 0.00              |      |      |       |      |       |  | =  | Large Entity |     | Small Entity |      | Fee Description    | Fee Paid   | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1201                   | 86     | 2201  | 43 | Independent claims in excess of 3 |  | 1202 | 18                 | 2202 | 9                                      | Claims in excess of 20 |      | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid   |    | 1204 | 86 | 2204 | 43   | ** Reissue Independent claims over original patent |  | 1205 | 18   | 2205 | 9     | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                     |    |      |  |       | (\$) <b>90.00</b> |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|   | Total claims   | Independent Claims  | Multiple Dependent | Extra Claims   | Fee from below   | Fee Paid        |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|   | 25   | 3   |                    | -20** = 5  | x 18.00 =  | 90.00           |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|   |  |   |                    | -3** = 0   | x 86.00 =  | 0.00            |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
|   |  |   |                    |  |  | =               |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Large Entity  |  | Small Entity  |                    | Fee Description  | Fee Paid   |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Fee Code  | Fee (\$)   | Fee Code  | Fee (\$)           |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1201  | 86   | 2201  | 43                 | Independent claims in excess of 3  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1202  | 18   | 2202  | 9                  | Claims in excess of 20   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1203  | 290  | 2203  | 145                | Multiple dependent claim, if not paid  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1204  | 86   | 2204  | 43                 | ** Reissue Independent claims over original patent   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1205  | 18   | 2205  | 9                  | ** Reissue claims in excess of 20 and over original patent   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>SUBTOTAL (2)</b>   |  |   |                    |  | (\$) <b>90.00</b>  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="2">1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge-late filing fee or oath</td> <td>\$</td> </tr> <tr> <td colspan="2">1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td colspan="2">1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td colspan="2">1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td>\$</td> </tr> <tr> <td colspan="2">1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>\$</td> </tr> <tr> <td colspan="2">1805</td> <td>1,840 *</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>\$</td> </tr> <tr> <td colspan="2">1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td colspan="2">1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td>\$</td> </tr> <tr> <td colspan="2">1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td>\$</td> </tr> <tr> <td colspan="2">1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td>\$</td> </tr> <tr> <td colspan="2">1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td>\$</td> </tr> <tr> <td colspan="2">1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td>\$</td> </tr> <tr> <td colspan="2">1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td colspan="2">1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td colspan="2">1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td colspan="2">1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td colspan="2">1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td colspan="2">1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td>\$</td> </tr> <tr> <td colspan="2">1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td>\$</td> </tr> <tr> <td colspan="2">1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td>\$</td> </tr> <tr> <td colspan="2">1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td colspan="2">1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee for provisional applications</td> <td>\$</td> </tr> <tr> <td colspan="2">1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td colspan="2">8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (Times number of properties)</td> <td>\$ 40.00</td> </tr> <tr> <td colspan="2">1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 C.F.R. §1.129(a))</td> <td>\$</td> </tr> <tr> <td colspan="2">1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 C.F.R. §1.129(b))</td> <td>\$</td> </tr> <tr> <td colspan="2">1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td>\$</td> </tr> <tr> <td colspan="6">Other Fee (specify) _____ \$</td> </tr> <tr> <td colspan="6">Other Fee (specify) _____ \$</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>** Reduced by Basic Filing Fee Paid</b></td> <td style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: right;"><b>\$ 40.00</b></td> </tr> </tbody> </table> |  |   |                    |  |  | 1051            |              | 130                | 2051               | 65              | Surcharge-late filing fee or oath | \$       | 1052     |          | 50       | 2052                     | 25   | Surcharge-late provisional filing fee or cover sheet | \$    | 1053               |           | 130                      | 1053  | 130      | Non-English specification | \$                | 1812 |      | 2,520 | 1812 | 2,520 | For filing a request for reexamination | \$ | 1804         |     | 920*         | 1804 | 920*               | Requesting publication of SIR prior to Examiner action | \$       | 1805     |          | 1,840 *  | 1805                   | 1,840* | Requesting publication of SIR after Examiner action | \$ | 1251                              |  | 110  | 2251               | 55   | Extension for reply within first month | \$                     | 1252 |      | 420 | 2252 | 210 | Extension for reply within second month | \$ | 1253 |    | 950  | 2253 | 475  | Extension for reply within third month | \$   | 1254 |      | 1,480 | 2254   | 740 | Extension for reply within fourth month | \$ | 1255 |  | 2,010 | 2255              | 1,005 | Extension for reply within fifth month | \$ | 1401 |  | 330 | 2401 | 165 | Notice of Appeal | \$ | 1402 |  | 330 | 2402 | 165 | Filing a brief in support of an appeal | \$ | 1403 |  | 290 | 2403 | 145 | Request for oral hearing | \$ | 1451 |  | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | \$ | 1452 |  | 110 | 2452 | 55 | Petition to revive - unavoidable | \$ | 1453 |  | 1,330 | 2453 | 665 | Petition to revive - unintentional | \$ | 1501 |  | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | \$ | 1502 |  | 480 | 2502 | 240 | Design issue fee | \$ | 1503 |  | 640 | 2503 | 320 | Plant issue fee | \$ | 1460 |  | 130 | 1460 | 130 | Petitions to the Commissioner | \$ | 1807 |  | 50 | 1807 | 50 | Processing fee for provisional applications | \$ | 1806 |  | 180 | 1806 | 180 | Submission of Information Disclosure Statement | \$ | 8021 |  | 40 | 8021 | 40 | Recording each patent assignment per property (Times number of properties) | \$ 40.00 | 1809 |  | 770 | 2809 | 385 | Filing a submission after final rejection (37 C.F.R. §1.129(a)) | \$ | 1810 |  | 770 | 2810 | 385 | For each additional invention to be examined (37 C.F.R. §1.129(b)) | \$ | 1801 |  | 770 | 2801 | 385 | Request for Continued Examination (RCE) | \$ | Other Fee (specify) _____ \$ |  |  |  |  |  | Other Fee (specify) _____ \$ |  |  |  |  |  | <b>** Reduced by Basic Filing Fee Paid</b> |  |  |  |  | <b>SUBTOTAL (3)</b> | <b>\$ 40.00</b> |
| 1051  |  | 130   | 2051               | 65   | Surcharge-late filing fee or oath  | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1052  |  | 50  | 2052               | 25   | Surcharge-late provisional filing fee or cover sheet                       | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1053  |  | 130   | 1053               | 130  | Non-English specification  | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1812  |  | 2,520   | 1812               | 2,520  | For filing a request for reexamination                                     | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1804  |  | 920*  | 1804               | 920*   | Requesting publication of SIR prior to Examiner action                     | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1805  |  | 1,840 *   | 1805               | 1,840*   | Requesting publication of SIR after Examiner action                        | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1251  |  | 110   | 2251               | 55   | Extension for reply within first month                                     | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1252  |  | 420   | 2252               | 210  | Extension for reply within second month                                    | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1253  |  | 950   | 2253               | 475  | Extension for reply within third month                                     | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1254  |  | 1,480   | 2254               | 740  | Extension for reply within fourth month                                    | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1255  |  | 2,010   | 2255               | 1,005  | Extension for reply within fifth month                                     | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1401  |  | 330   | 2401               | 165  | Notice of Appeal   | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1402  |  | 330   | 2402               | 165  | Filing a brief in support of an appeal                                     | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1403  |  | 290   | 2403               | 145  | Request for oral hearing   | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1451  |  | 1,510   | 1451               | 1,510  | Petition to institute a public use proceeding                              | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1452  |  | 110   | 2452               | 55   | Petition to revive - unavoidable   | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1453  |  | 1,330   | 2453               | 665  | Petition to revive - unintentional   | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1501  |  | 1,330   | 2501               | 665  | Utility issue fee (or reissue)   | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1502  |  | 480   | 2502               | 240  | Design issue fee   | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1503  |  | 640   | 2503               | 320  | Plant issue fee  | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1460  |  | 130   | 1460               | 130  | Petitions to the Commissioner  | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1807  |  | 50  | 1807               | 50   | Processing fee for provisional applications                                | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1806  |  | 180   | 1806               | 180  | Submission of Information Disclosure Statement                             | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 8021  |  | 40  | 8021               | 40   | Recording each patent assignment per property (Times number of properties) | \$ 40.00        |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1809  |  | 770   | 2809               | 385  | Filing a submission after final rejection (37 C.F.R. §1.129(a))            | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1810  |  | 770   | 2810               | 385  | For each additional invention to be examined (37 C.F.R. §1.129(b))         | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| 1801  |  | 770   | 2801               | 385  | Request for Continued Examination (RCE)                                    | \$              |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Other Fee (specify) _____ \$  |  |   |                    |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Other Fee (specify) _____ \$  |  |   |                    |  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>** Reduced by Basic Filing Fee Paid</b>  |  |   |                    |  | <b>SUBTOTAL (3)</b>  | <b>\$ 40.00</b> |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| <b>SUBMITTED BY</b>   |  |   |                    | <b>Compleat (if applicable)</b>  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Typed or Printed Name   |  | R bert E. Bushnell, Esq.  |                    | Reg. Number 27,774   |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |
| Signature   |  |  |                    | Date 29 January 2004<br>Deposit Account User ID  |  |                 |              |                    |                    |                 |                                   |          |          |          |          |                          |  |  |       |                    |           |                          |   |          |                           |                   |      |      |       |      |       |  |    |              |     |              |      |                    |  |          |          |          |          |                        |        |   |    |                                   |  |      |                    |      |  |                        |      |      |     |      |     |   |    |      |    |      |      |  |  |      |      |      |       |  |     |   |    |      |  |       |                   |       |  |    |      |  |     |      |     |                  |    |      |  |     |      |     |  |    |      |  |     |      |     |                          |    |      |  |       |      |       |   |    |      |  |     |      |    |                                  |    |      |  |       |      |     |                                    |    |      |  |       |      |     |                                |    |      |  |     |      |     |                  |    |      |  |     |      |     |                 |    |      |  |     |      |     |                               |    |      |  |    |      |    |   |    |      |  |     |      |     |  |    |      |  |    |      |    |  |          |      |  |     |      |     |   |    |      |  |     |      |     |  |    |      |  |     |      |     |   |    |                              |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |                     |                 |

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

TAE-SUNG KIM

Serial No.: *to be assigned*

Examiner: *to be assigned*

Filed: 29 January 2004

Art Unit: *to be assigned*

For: NOVEL CONDUCTIVE ELEMENTS FOR THIN FILM TRANSISTORS USED  
IN A FLAT PANEL DISPLAY

**TRANSMITTAL OF DECLARATION**

**Mail Stop : Patent Application**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

This transmittal accompanies the original Declaration for the above-referenced application.

Respectfully submitted,



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